

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of for date of service 3-12-01.
- b. The request was received on 2-21-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4) the Division notified the insurance carrier Austin Representative of their copy of the request on 7-8-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 4-17-01:

"The charges for (Claimant)'s RME appointment with Dr. .... on March 12, 2001 were paid on April 06, 2001. However, these charges were processed and paid incorrectly. The TWCC 73 form was not reimbursed."
2. Respondent: No Response noted.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 3-12-01.

2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
3-12-01	99080-73	\$15.00	\$-0-	T	\$15.00	TWCC Rule 129.5; CPT Descriptor	<p>The carrier has denied the charges in dispute as "T -TWCC 73 WORK STATUS REPORT DISALLOWED; INCLUDED IN VISIT? PROCEDURE RENDERED ON THIS DAY"</p> <p>CPT Code 99080-73 is not included in any other code billed on the date in dispute. Therefore, reimbursement is recommended in the amount of <b>\$15.00.</b></p>
<b>Totals</b>		\$15.00	\$-0-				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$15.00</b>

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$15.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of September 2002.

Lesia Lenart, RN  
Medical Dispute Resolution Officer  
Medical Review Division

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